

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Chikashi NIIMI et al.
Title: PROXIMITY SENSOR
Appl. No.: Unknown
Filing Date: September 15, 2003
Examiner: Unknown
Art Unit: Unknown

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

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- ☐ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (42 pages).
- ☒ Formal drawings (13 sheets, Figures 1, 2A, 2B, 3, 4, 5, 6A, 6B, 7, 8, 9A, 9B, 10A, 10B, 11, 12, 13).
- ☐ Declaration and Power of Attorney (___ pages).
- ☐ Assignment of the invention to OMRON CORPORATION.
- ☐ Assignment Recordation Cover Sheet.
- ☐ Small Entity statement.
- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☐ Information Disclosure Statement.

- ☐ Form PTO/SB/08 with copies of ____ listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).
- ☐ Claim for Convention Priority.

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$750.00		\$750.00
Total	8	-	20	=	0	x	\$18.00	=	\$0.00
Claims:									
Independent	6	-	3	=	3	x	\$84.00	=	\$252.00
ents:									
If any Multiple Dependent Claim(s) present:						+	\$280.00	=	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing						+			
of Executed Declaration and late payment of							\$130.00	=	\$130.00
filing fee									
							SUBTOTAL:	=	\$1132.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):								=	\$0.00
							TOTAL FILING FEE:	=	\$1,132.00

- ☐ A check in the amount of \$0.00 to cover the filing fee is enclosed.
- ☒ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☐ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date September 15, 2003

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By



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